2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001718

Entity Name: SLC PINECREST, INC.

FILED Feb 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5426 BAY (TAMPA, FL	CENTER DR, S . 33609 US	SUITE 600					
Current Mailing Address:				New Mailing Address:			
5426 BAY (TAMPA, FL	DENTER DR. 8 . 33609 US						
FEI Number:	36-4219960	FEI Number Applied For () FEI Nur	nber Not Appli	cable ()	Certificate of Status I	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
The above in the State		ubmits this statement for	the purpose of	of changing it	s registered	d office or registered a	gent, or both,
SIGNATURE:							
	Electroni	c Signature of Registere	d Agent			Date	_
Election Cam	paign Financing	Trust Fund Contribution ()					
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	BENJAMIN, STE	ER DR, SUITE 600		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BEST, THILO D	Delete ER DR, SUITE 600 D9 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DELUCA, JON A	Delete ER DR, SUITE 600 D9 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	EZER, ROBERT 100 MILVERTON	Delete I DR, SUITE 700 DNTARIO CANADA, L5R 4H	1	Title: Name: Address: City-St-Zip:		(X) Change () Addition RENT PRON DR, SUITE 700 GA, ON L5R 4H1 CA	
Title: Name: Address: City-St-Zip:	SUSKE, STEPHE 100 MILVERTON		1	Title: Name: Address: City-St-Zip:		(X) Change () Addition EPHEN RTON DR, SUITE 700 GA, ON L5R 4H1 CA	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MAINGOT, C	ENTER DRIVE SUITE 600	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON A DELUCA P 02/07/2009